

STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's No. 10905

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Pacific	
c. FULL NAME OF (If NOT in hospital, give location) St. Anthony's Hospital				Length of stay in lb 22		d. STREET ADDRESS 806 Osage	
3. NAME OF DECEASED (Type or print) Gertrude May Jones				4. DATE OF DEATH Month November Day 12 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 24, 1907	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Madison Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Lashley				13b. MOTHER'S MAIDEN NAME Rosie West		14. NAME OF HUSBAND OR WIFE Chester	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Chester Jones, Pacific, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous Generalized Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of Uterus DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 174X						INTERVAL BETWEEN ONSET AND DEATH 7 mos	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Iron Co., Mo.		COUNTY _____ STATE _____	
21. I attended the deceased from 6-22-57 to 10-12-57 and last saw her alive on 10-12-57 Death occurred at 8:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C A Nestor MD				22b. ADDRESS 560 S Compton		22c. DATE SIGNED 11-14-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-13-57		23c. NAME OF CEMETERY OR CREMATORY Polk Cemetery		23d. LOCATION (City, town, or county) (State) Iron Co., Mo.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. NOV 14 '57		26. REGISTRAR'S SIGNATURE Earl Smith MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

12174

2369

mxo

St. Anthony's Hospital	St. Louis	X	Pacific	Missouri	Franklin
808 Osage					
Gertrude	May	X	May 24, 1907	50	November 12, 1927
Female	White				
Housewife	At Home		Madison Co., Mo.	U.S.	
John Lashley	Roadie West		Chester		
!!	Unknown		Chester Jones, Pacific, Mo.		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4192
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Albert H. Hodge, 1700 Washington Ave.